DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: CCLS N 72ND ST (0009620)

Address: 4041 N 72ND ST, MILWAUKEE, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 02/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096532 End Date: 02/28/2006 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011839 Served 03/16/2006

Deficiencies Cited Subject Area Subject Area Verified

83.41(10)(a) BUILDING MAINTENANCE

83.42(4)(a) EMERGENCY PLANNING FOR CERTAIN RESIDENT

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 11/30/2005 Date Investigation Completed: 02/28/2006

Subject Area(s) Result SOD #

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